

ADULT LEARNING PLAN (Required by the Office of Adult Education)

Program Year: _____

*Completion - Optional

Planned End of Service Date: _____

Shaded Items: Data reported at ENTRY which remains unchanged during registration period

Program Provider Code	Provider Name	Registration Date
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Local Student Number		*Social Security Number ____ - ____ - ____		*UIC Number	
Participant Name Last			First	MI	*Maiden Name
Address			City	State	Zip Code
<input type="checkbox"/> Check if no address	Phone Number	Alternate Phone Number		Email Address	
Date of Birth (mm/dd/yyyy)	Age	Place of Birth (City and State, or City and Country)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
*Alternate Contact Info (Individual not living in the household) Last Name			First Name		Relationship to Participant
Address			City	State	Zip Code
Phone Number			Email		
Number of Preschool-Aged Children: Number of School-Age Children (K-12):	ETHNICITY Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No RACIAL GROUP (Select one or more that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED AT ENTRY (INDICATE IF US OR NON-US) Select one: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> HS Diploma/alternate credential <input type="checkbox"/> GED <input type="checkbox"/> Some college, no degree <input type="checkbox"/> College or professional degree <input type="checkbox"/> Unknown		ADDITIONAL STATUS MEASURES AT ENTRY <input type="checkbox"/> Receiving Public Assistance <input type="checkbox"/> Disabled <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled
			Select one: <input type="checkbox"/> US Based Schooling <input type="checkbox"/> Non-US Based Schooling		
LABOR STATUS AT ENTRY: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the Labor Force				*If Employed, enter Employer's Name: _____	
				*Hourly Wage at Entry: _____	

HIGH SCHOOL DIPLOMA CREDITS AT ENTRY	
# of Transferable HS Diploma Credits Previously Earned	
# of Credits Required for Completion of HS Diploma by District	

GED TESTS AT ENTRY: (OSSID #: _____)	
# of <u>Actual</u> GED Tests Previously Passed at Entry	
# of <u>Practice</u> GED Tests Previously Passed at Entry	

INSTRUCTIONAL AREA	DATE OF CLASS ENROLLMENT
<input type="checkbox"/> Adult Basic Education	
<input type="checkbox"/> English As a Second Language	
<input type="checkbox"/> High School Diploma (<input type="checkbox"/> MMC)	
<input type="checkbox"/> GED	
<input type="checkbox"/> Work-Based Project Learner	
<input type="checkbox"/> Family Literacy	
<input type="checkbox"/> Workplace Literacy	
<input type="checkbox"/> Program for the Homeless	

PROGRAM FUNDING SOURCE(S)
<input type="checkbox"/> Federal Adult Education and Family Literacy <input type="checkbox"/> General Instruction <input type="checkbox"/> Institutional <input type="checkbox"/> EL Civics <input type="checkbox"/> State School Aid - Section 107 <input type="checkbox"/> Other Funding Source (specify: _____)

PROGRAM TYPE (if applicable)
<input type="checkbox"/> Distance Learning <input type="checkbox"/> Literacy Council <input type="checkbox"/> State Correctional Facility (Prison) <input type="checkbox"/> Community Correctional Program <input type="checkbox"/> Other Institutional Setting
SUPPORT SERVICES (if applicable)
<input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Other (specify: _____)

*STATE AID FTE: If applicable, indicate the count date(s) and number of FTEs the participant was reported for Section 107 adult education membership (Max: 1 FTE/count period)				
PROGRAM YEAR: _____	<input type="checkbox"/> Jul (FTEs: _____)	<input type="checkbox"/> Oct (FTEs: _____)	<input type="checkbox"/> Feb (FTEs: _____)	<input type="checkbox"/> Apr (FTEs: _____)
PROGRAM YEAR: _____	<input type="checkbox"/> Jul (FTEs: _____)	<input type="checkbox"/> Oct (FTEs: _____)	<input type="checkbox"/> Feb (FTEs: _____)	<input type="checkbox"/> Apr (FTEs: _____)
PROGRAM YEAR: _____	<input type="checkbox"/> Jul (FTEs: _____)	<input type="checkbox"/> Oct (FTEs: _____)	<input type="checkbox"/> Feb (FTEs: _____)	<input type="checkbox"/> Apr (FTEs: _____)

VERIFICATION OF PARTICIPANT INVOLVEMENT: The participant was actively involved in the development of this ALP and, with counseling from the adult education provider, was actively involved in selecting appropriate goals.		
Verified By:	Name of Agency Official	Title of Agency Official
		Date

Participant Name:

ASSESSMENTS (Attach additional assessment pages as needed)

- Office of Adult Education approved assessments: CASAS, TABE 9/10 (Survey or Complete Battery), GAIN and WORK KEYS
- Only one pre-test and one post-test is recorded in MAERS for a participant (The post-test is the last test administered during the program year)
- The pre-test and post-test assessment SCALE scores must fall within the designated range allowed for the test given
- Pre-test must be administered PRIOR to any instruction being provided
- Post-test must be administered according to the latest Office of Adult Education's Assessment Policy
- TABE Locator is required for new participants. CASAS Appraisal highly recommended. Neither can be used as an official pre- or post-test.

PROGRAM YEAR:

SELECT ☐ CASAS **Indicate Series:** _____ ☐ GAIN (General Assessment of Instructional Needs)
ONE: ☐ TABE 9/10 **Indicate Test Type:** ☐ Survey ☐ Complete Battery ☐ Work Keys

	Date Test Administered	# of Instructional Hours Since Last Test	Module	CASAS: Form # TABE: Version (9 or 10) and Level	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

PROGRAM YEAR:

SELECT ☐ CASAS **Indicate Series:** _____ ☐ GAIN (General Assessment of Instructional Needs)
ONE: ☐ TABE 9/10 **Indicate Test Type:** ☐ Survey ☐ Complete Battery ☐ Work Keys

	Date Test Administered	# of Instructional Hours Since Last Test	Module	CASAS: Form # TABE: Version (9 or 10) and Level	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

POST-TEST MINIMUM HOUR REQUIREMENT WAIVER (if applicable) (This does not waive the requirement to post-test.)

- ☐ Participant obtained HS Diploma prior to post-test minimum hour requirement
☐ Participant obtained GED prior to post-test minimum hour requirement

Date Waiver Granted	Name of Program Official Authorizing the Waiver	Title of Program Official Authorizing the Waiver
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Participant Name:

PARTICIPANT GOALS: Select as many goals as applicable and the program year(s) the goal was selected.		PARTICIPANT OUTCOMES: Identify ALL outcomes achieved by this participant and the program year(s) the outcome was achieved	
GOALS	Program Year(s) Goal Selected	OUTCOMES ACHIEVED	Program Year(s) Outcome Achieved
PRIMARY GOALS			
Educational Gain (Required Goal) - Must select one: <input type="checkbox"/> Improve Basic Literacy Skills (non-ESL programs) <input type="checkbox"/> Improve English Skills (ESL programs)		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Function at or Above 9 th Grade Level (ABE Only)		<input type="checkbox"/>	
<input type="checkbox"/> Achieve English Language Proficiency (ESL Only)		<input type="checkbox"/>	
<input type="checkbox"/> Pass One or More Official GED Test		<input type="checkbox"/>	
<input type="checkbox"/> Obtain HS Diploma Credit		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a GED		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a HS Diploma		<input type="checkbox"/>	
<input type="checkbox"/> Enroll in Postsecondary Education		<input type="checkbox"/>	
<input type="checkbox"/> Obtain Employment		<input type="checkbox"/>	
<input type="checkbox"/> Retain/Improve Employment		<input type="checkbox"/>	
SECONDARY GOALS			
<input type="checkbox"/> Reduction in Receipt of Public Assistance		<input type="checkbox"/>	
<input type="checkbox"/> Achieve Citizenship Skills		<input type="checkbox"/>	
<input type="checkbox"/> Register to Vote or Vote for the First Time		<input type="checkbox"/>	
<input type="checkbox"/> Increase General Involvement in Community Activities		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Education		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Literacy-Related Activities		<input type="checkbox"/>	
<input type="checkbox"/> Achieve Work Based Project Learner Goal		<input type="checkbox"/>	
<input type="checkbox"/> Other (specify: _____)		<input type="checkbox"/>	
SECTION 107 PERFORMANCE OBJECTIVES NOT IDENTIFIED ABOVE (Not entered into MAERS)			
<input type="checkbox"/> Achieved at least one GRADE level gain in reading or math as approved by an Office of Adult Education approved pre- and post-test assessment (ABE program of enrollment only)		<input type="checkbox"/>	
<input type="checkbox"/> Completed/passed local board approved adult education course by mastering the skills required for the course. (Reported in the OR category on the Section 107 performance report)		<input type="checkbox"/>	

HIGH SCHOOL DIPLOMA CREDITS AT EXIT	
Total # of HS Diploma Credits Earned at Exit	

GED TESTS AT EXIT	
Total # of <u>Actual</u> GED Tests TAKEN at Exit	
Total # of <u>Actual</u> GED Tests PASSED at Exit	

EXIT STATUS (END OF SERVICE): The participant Exit Status is reported when the participant has exited from all adult education services.

Check one of the following:

- ☐ **Participant Completed and Does Not Plan to Continue** – Participants who made an educational gain or achieved their goal and do not plan to continue in the program.
- ☐ **Participant Separated Before Completion** - Participants who separate from the program prior to the end of a program year and did not receive services for 90 days, without having made an educational gain or achieved their goal. If this exit status is selected, a Reason for Separation is required and you must select the appropriate option from the list provided. Check all that apply.
- | | | |
|--|---|---|
| <input type="checkbox"/> Illness/Incapacity/Pregnancy | <input type="checkbox"/> Lack of Interest/Instruction Not Helpful | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Lack of Dependent Child Care Resources | <input type="checkbox"/> Moved | <input type="checkbox"/> No Service for 90 Consecutive Days |
| <input type="checkbox"/> Lack of Transportation Resources | <input type="checkbox"/> Entered Employment | <input type="checkbox"/> Other Known Reasons |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Work Conflict | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Time and/or Location of Services Not Feasible | <input type="checkbox"/> Incarcerated | |

Exit Status Date: _____